



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: WO/50005DE2129/2

Work Order Type: Weatherization

Audit Name: A C Beard

CLIENT INFORMATION

Client Name: BEARD, AC

Address:

Client ID: 50005DE2129

Alt. Client ID:

CLIENT CONTACT INFORMATION

BEARD, AC

(901) 465-9773

Applicant/Person of
Record

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AGENCY INFORMATION

Agency: Delta Human Resource Agency

Agency Phone: (901) 476-5226

Address: P. O. Box 634

Fax: (901) 476-5258

Covington, TN 38019

Email Address: Gloria.V.Williams@tn.gov

Agency Contact: Martin, Darrell L.

Work Phone:

Cell Phone: (901) 262-8090

Email Address: DarrellIMartin@bellsouth.net

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Measures

Measure 1 Replace 24" x 20" Crawl Space Door				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Other	Door Only- Material	Each	1					
2	Labor	Labor		1					
3	Other	Unit- Material	Each	1					
4	Labor	Labor		1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 2 Replace Broken 24" x 28" Pane in WD#9				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Windows	Material	Each	1					
2	Labor	Labor		1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 3 Infiltration Redctn**Components****Inspected**

Comment Door Sweep FRONT 2
Weatherstrip Door FRONT 2
Door Sweep STORAGE RM
Weatherstrip Door STORAGE RM
Replace and weatherstrip attic stairs

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#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		

Field Notes:**Measure 4 DWH Pipe Insulation****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		

Field Notes:

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Work Order Name: WO/50005DE2129/2
Report Run On: 5/23/2010

DOE Weatherization Assistant
Version 8.5.0
Page 3 of 6

Measure 5 Floor Ins. R-19**Components** F1**Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	1486	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 6 Replace Htg. System****Components** HS1**Inspected****Comment** Install heat/cool unit☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipment	Space Heater - 30 kBtu/h NG Existing, 26 - 37 kBtu/h NG Post	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Space Heater - 30 kBtu/h NG Existing, 26 - 37 kBtu/h NG Post	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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DOE Weatherization Assistant
Version 8.5.0
Page 4 of 6

Measure 7 CO Monitor is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 8 Fix Improper Venting (Clothes Dryer)				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 9 Fix Ventilation Inadequate (Attic)**Components****Inspected****Comment** ADD 2 STATIC VENTS☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		
						<input type="text"/>			

Field Notes:**Measure 10 Smoke Detector is Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor		1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		
						<input type="text"/>			

Field Notes:**Work Order Grand Total:****Grand Total:**